UNFADING INK-THIS IS

WRITE PLAINLY, WITH

-Every Item of information should be CAUSE OF DEATH in plain terms, s

N. B.-

Important.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

RECORD

A PERMANENT stated EXACTLY.

V. S. No. 1.

PLACE OF DEATH

11306

(No.....

STATE OF MARYLAND TE OF DEATH

on Dist. No.

1	CERTIFICA
	Registrati
CONTRACTOR OF THE PARTY OF THE	Ct.

.Ward)

Ilf death occurred in a hospital or Institution,

freustoro M.

FULL NAME Joseph / tems	eleg Hemand ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Not 21 , 1914 (Year)
G DATE OF BIRTH  (Month) (Day (Year)	that I last saw h alive on Nov 21 ,1914
76 yrs 2 mos 21 ds or min.?	and that death occurred on the date stated above, at 1/3 / m.  The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Chouse interstitist reposition-
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER Works M. Burnaul	Contributory 7 post of Secondary (Duration) yrs mos ds.  (Signed) A acat book y. M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Malden NAME OF MOTHER  OF MOTHER  14 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Ougland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds
(Intermant) Tough . Bursel	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Greensboro, Mel.  16 Filed Co (34, 1914 Rull Flummer)	DATE OF BURIAL  PROPERTY ADDRESS  19 PLACE OF BURIAL  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minic, etc. fleation as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Preelse statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenclaby carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Coutributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conoma, Sarcoma, etc., of...... (name origin; "Canis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for For Vio-



V. S. No. 1.

	hould state
RECORD	PHYSICIANS SI
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	N. B.—Eve CAL

PLACE OF DEATH 1130	STATE OF MARYLAND
County Caroline,	CERTIFICATE OF DEATH
hear 4.	Registration Dist. No.
Village or City Gederals burg (No	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Servale, Color or race 5 single, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED WORD,	16 DATE OF DEATH (Month) (Day (Year)
Chartle & May Muleurum, 1828	that I last saw h alive on 191 , 191
TAGE  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 5-10-9-m.  The CAUSE OF DEATH'* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Duration)
State or country) Waryland,	Secondary (Partie)
10 NAME OF WM, Buller,	(Signed) 7 (Suration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  AMADU Plication	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental Control of the Court of t
of Mother Mary Phillips,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPARS
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos, ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) we we are	Former or usual residence
(Address Dederate burg, Mid, # Z.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied Der 2/ 1914 371 Leldenson	Dedevalsturg, Mg Wee, 2", 1911

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

.Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of ago. ness of various pursults can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Preeise statement of ocenpa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, retnrn "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (diever report "Typhoid phenmonia"); Lobar pheumonia; Bronchopheumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "I'UERFERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, sneh as "As-Bronchopneumonia (seeondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which snrgleal operation was undertaken. mus," "Old Age," "Shoek," "Uraemia," "Weakness," thre of the American Medical Association.) eanse of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tctanus) may be stated under the head Measles (disease causing (Recommendations on statement of death), 29 ds.; For vio-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

Village or City Hederals burg (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME SULL BYTTE	) (QUINOU
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marie Stack Single, Marrier, Marrier, Widower, Songle or Divorced (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from 191
100 3 ,19/4	that I last saw hallycon
TAGE Still birth  1 dayhrs.  yrs	and that death occurred on the date stated above, at 10 Q m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work.	Still birth
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs 9 mos ds.
10 NAME OF FATHER John A Connous	Contributory Secondary  Bureffon) yrs mos ds.  (Signed) , M. D.
VI 11 BIRTHPYACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF IN deaths from Florence
11 BIRTH PLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Laabett Thank	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)  Md	At place to the of deathyrs mos ds. Stateyrs, mos ds
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Federal Sung Mod 15 Filed 200 5 , 134 B B Defferson	Bettel 200 DATE OF BURIAL NOV 5 , 1914
If more blanks are needed, address State Regist	The Cannon Hederalsby

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



SICIANS should occupation is PHYSICIANS RECORD 10 statement PERMANENT EXACTLY. BINDING classified. SI should properly AGE SERVED Z supplied. ADING may certificate. Garefully UNF that C 00 ARGIN WITH terms, should Lo plain Instructions of Information 2 DEATH WRITE See item E OF important. CAUSI Every m

Very

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in .....Ward) a hospital or institution, give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOBOR RACE MARRIED. WIDOWSO ORDIVORCED (Month) Write the word) I HEREBY CERTIFY, That I attended deceased in 6 DATE OF BIRTH (Day) (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day, .....hrs. OR ..... ? BOCCUPATIO (a) Trade, profession, or (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State The DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0. BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place io the OF MOTHER (State or country ..... yrs. ..... mos. ... State \_\_\_\_\_ grs, \_\_\_\_ mos. \_\_\_ ds. \_ ds. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekcopers minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritts zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (name origin; "Candeath), 29 State cause for "Exhaustion," Examples: For VIO-



OCCUPATION PERMANENT 10 terms. PLAINLY ATH in plain instructions o 0 OF Item mportant. Every Its

PLACE OF DEATH County W Lun	11310
Village or City Ruly.	

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.... If death occurred in St.:...Ward) a hospital or institution, give ils NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH MARRIED widowed (Write the word) (Month) (Dav I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, st..... 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) ..... which employed (or employer) ..... 9 BIRTHPLACE Contributory .... (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ...... yrs, ...... mos. ..... ds Where was disease contracted. If not at place of death?.. Former or usual residence BEACE OF BURIAL OR REMOVAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Fublic Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully cuployed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits eau be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the misease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," "Foreman," Parmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmerc symptoms or terminal conditious, such as "Asinjury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puenperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioeliildbirth or misearriage as "Puerperal septichae-"Contributory." The coutributory Always qualify all diseases resulting from tctanus) may be stated under the head Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Exhaustlon,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CLEAN DECLERATION OF THE PARTY OF THE PARTY

PLACE OF DEATH County Careline	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Section (No, 2FULL NAME Tay Stuatto	St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, widours widows or or bivorced (Write the word)	16 DATE OF DEATH Nov 2.6 , 1914 (Month) (Day (Year)
Oct 7 , 1829  (Month) (Day (Year)  7 AGE It LESS than	that I last saw h alive on months of the detail above, at months of the detail at the detail a
93 yrs mos s ds. or min.?  **OCCUPATION* (a) Trade, profession, or particular kind of work. (b) General nature of Industry.	The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Suary Land	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF COUNTRY  12 MAIDEN NAME OF COUNTRY  OF MOTHER  OF MOTHER	(Signed) M. D.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds.  Where was disease contracted, It not at place of death?
(Address) Sustan Inggine  (Address) Sustan Inggine  16  Filed Mov. 75, 1914 D. Grove Days  Registrate	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER THEORY WILLISTAN ADDRESS?
	trat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. who receive a defiuite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar preumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesses of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head iujury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for



RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11312 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

man d. T.	Registration Dist, No
2FULL NAME Dra S	St.; Ward)  a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, Serragle WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month)  (Day (Year)	that I last saw h twa allve on 200, 212, 1914.
7 AGE If LESS than t day,	and that death occurred on the date stated above, at 4,65 a, m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	loyema.  (Ouration) vrs. mos 3 ds.
which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	Contributory Sliphtheria Secondary  (Duration) yrs mos 7 ds.  (Signed) fc C. Madara, M. D.  2007, 28, 1914 (Address) Ridgels 24d
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds Where was disease contracted, If not at place of death?
(Address) Deutaw Inf. Star Rec	Former or usual residence  PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
Filed 191 / Sergo In REGISTRAR  T more blanks are needed, address State Regist	20 UNDERTAKER JADDRESS Lirgel Moore Seulaw med

S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be cutered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthuria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstilial naphrilis, eer" is less definite; avoid use of "Tumor" for mallg LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection uced not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclascpsis, tclanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death); 129 ds.; "Senile," etc.), (Recommendatious on statement of "Dropsy," "Exhaustion," Never report



PHYSICIANS should state of OCCUPATION IS very RECORD statement PERMANENT ciassified. IS INK-THIS properly AGE pe suppiled UNFADING may certificate. carefully that 20 of WITH See instructions on back terms. should PLAINLY, of information of DEATH in plain t WRITE Item OF Every Item CAUSE OF Important.

3 SEX

7 AGE

PARENT

15

DATE OF BIRTH

8 OCCUPATION

(a) Trada, profession, or

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country

(b) General nature of industry,

business, or establishment in

particular kind of work.

1 PLACE OF DEATH St :-

Marres

(Year)

If LESS than

1 day, hrs.

OR ..... ?

Midi

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS

(Month)

Midul

\_\_\_\_\_\_mos.....

which employed (or employar) -----

5 SINGLE, MARRIED,

WIDDWED. ORDIVERCED (Write the word)

(Day

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[It death occurred in
a hospital or institution,
give its NAME instead
of street and number.]

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH MAN	18 , 1914
(Month)	(Day (Year)
argust 191 1/4, to	at I attended deceased from
(191, 10	1 11/
that I last saw her alive on	,
and that death occurred on the date sta	ted above, at 8 P. m,
The CAUSE OF DEATH* was as follows:	
,	yrs. mos. ds.
(Duration)	yrsds.
(Signed) Howas R. 1 201, 19", 191 4 (Address)	Hupkins MD
*State the Disease Causing Death, Causes, state (1) Means of Injury; TAL, Suicidal, or Homicidal.	
At place in the of the was disease contracted, if not at place of death?	te yrs mos ds
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	nov 2/ 1914
20 M DERTAKER	ADDRESS

No. 1. 202

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerpenal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing The contributory Always qualify all diseases resulting from (secondary or intercurrent) death), 29 ds., State cause for



State Very PHYSICIANS should of OCCUPATION IS PERMANENT Exact classified. O UNFADING certificate. 90 6 WITH back terms. 0 plain See instructions Information = DEATH P-0 mportant. Every It

12 MAIDEN NAME

13 BIRTHPLACE

(Address)

15

OF MOTHER

OF MOTHER (State or country)

### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No fif death occurred in St.;....Ward) a hospital or Institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH MARRIED, marre WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

I	of death yrs mos ds.	State	yrs.	mos.
Į	Where was disease contracted,	ž		
ì	If not at place of death?			
ı	Former or			************
l	usual residenca			
l	89881 1 691861148		**************	
	10			

PLACE OF BURIAL ON REMOVAL	DATE OF BURIAL
Exclose Benefary	1 1/01/10 1
OUNDERTAKER	Danner I

At place

OR RECENT RESIDENTS)

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The

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plain

S E

OCCUPATION

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in ..Ward) a hospital or Institution, give its NAME instead of street and number.] 2FULL NAME..... MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which amployed (or amployer) 9 BIRTHPLACE (State or country) Contributory certifical Secondary 10 NAME OF FATHER 0.0 terms, n back 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, EATH in plain a instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs. \_\_\_\_ ds Where was disease contracted. 14 THE ABOVE If not at place of death? Former or Every item CAUSE OF Important. usual residence. OR REMOVAL DATE OF BURIAL 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekccpers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (b)

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MARQIN

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PERMANENT stated 4 pe 15 pinous THIS AGE UNFADING INKcarefully supplied. WRITE PLAINLY, WITH pe item of information should No.

### state Very should OCCUPATION PHYSICIANS RECORD ō statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEY 4 COLOR DR RACE 5 SINGLE, MARRIED, . Marrie (Write the word) properly classified. Exact DATE OF BIRTH (Month) (Day 7 AGE 6 OCCUPATION (a) Trade, profession, or busework particular kind of work (b) General nature of Industry, be business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that it 10 NAME OF FATHER 0 of See Instructions on back PARENTS 11 BIRTHPLACE terms, OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER DEATH in plain 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE BEST OF MY KNOWLEDGE Every item Important. (Address) 15

1 PHACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .:---.Ward)

Ilf death occurred in a hospital or institution,

ð			NAME Instead and number.]
ME	DICAL CERTIFICATE	OF DEATH	
16 DATE OF DEATH	· Stov.	10	. 1914
***************************************	(Month)	(Day	(Year)
Hov 9	REBY CERTIFY, Tha	t I attended de	ceased from
	1 alive on 20		100
	rred on the date state ATH* was as follows:		
Courte			
Contributory Secondary	Gudocar		
(Signed) 1. 2 200/11, 19	(Ouration)	ool Co	, M. D.
*State the Disi CAUSES, state (1 TAL, SUICIDAL, or	EASE CAUSING DEATH, OF MEANS OF INJURY; HOMICIDAL.	or, in deaths fi and (2) wheth	rom VIOLENT PER ACCIDEN-
At place of death yrs Where was disease cont	mos ds. State		

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

usoal residence

(Year)

If LESS than

f day .....hrs.

OR ..... min. ?

REGISTRAR

APPRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



S. No. 1.

N.B.

۵	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
RECOR	PHYSICIA
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	EXACTLY.
A PERM	stated I
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WRITE	on of info
	Every Item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate.

state very

11317 1 PLACE OF DEATH STATE OF MARYLAND

VIIIage or City Western (No	CERTIFICATE OF DEATH  Registration Dist. No. 6  St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH  4 COLOR OR RACE SAINGLE, HARBIED, WISOWER, SREIVORCED (Write the word)  5 DATE OF BIRTH	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That Lattended deceased from 191
OR min. ?  Soccupation (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	that I last saw haralive on
9 BIRTHPLACE (State of country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State of country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State of country)	Contributory Secondary  (Signed)  (Signed)  *State the DISEASE CAUSING DEATH, or, in deaths from Vioten Causes, state (1) Means of Injury; and (2) whether Accorded the Causes of Homicidal.  16 Length of Residents)  At place of death yrs, mos. ds. State yrs, mos. death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant):  (Address)	Where was disease contracted, if not at place of death?  Former or usgai residence.  PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  2.2.191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mainger," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Satesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons But in many

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valrular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal sentichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Huemorrhage," "Inanition," "Marusthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probability LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Con-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Seuile," may be stated under the head (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report For VIO



No. 1. σi

PHYSICIANS should state of OCCUPATION is very RECORD AGE should be stated EXACTLY. I properly classified. Exact statement PERMANENT 4 UNFADING INK-THIS. IS Every liem of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY, WITH Z.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 63-
Village or City Hear Frestauno, , Per Prestaut Mo. , Per Prestaut March 1998	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, Single MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH NOU 7, 191.44  (Month) (Day (Year)
Month (Day (Year)	that I last saw herealive on Roce 6 191
TAGE  If LESS than 1 day,hrs.  ORmin.?  B OCCUPATION (a) Trade, profession, or	and that death occurred on the date stated above, at
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	Contributory Coloration yrs mos ds.  Contributory Coloration yrs mos ds.  (Signed) yrs mos ds.
T BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF, MOTHER (State or country)	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUNY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds.
(Informant) Little TO THE BEST OF MY KNOWLEDGE  (Address) Letton MA FALLAND  (Address) Letton MA F.F.	Where was disease contracted, If not at place of death?  Former or usual residence
Bur 8 met Cohas B Apres	20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health . Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is uec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: of persous engaged in domestic service for wages, as galufully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Luborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic eero-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaoum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles "Scuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN F. B. No. 1.

	11319	and desired the second
	PLACE OF DEATH	STATE OF MARYLAND
_	ounty Carrline (2	CERTIFICATE OF DEATH
7	punity	Registered No. 62
/	Village or City New Deutin	
<b>/</b> `	'illage or City New Mewon (No,	St; Ward)  [It death occurred a hospital or Institution give its NAME instead of otreet and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH NIX- 1/
-	Male Marke Widowed, Marry (Write the word)	(Menth) (Day) (Year)
6 0	PATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
- 5	Mey 2 ,880	Jeff 18 d 1914, to mr- 16 th 1914
	(Month) (Day) (Year)	that I last saw han alive on mil 600 1914
7 A	GE If LESS than	and that death occurred on the date stated above, at
	34 1 day,hrs.	The CAUSE OF DEATH* was as follows:
8 -	yrsmos,ds.   ormin, ?	Interculory of Jungo
	OCCUPATION Trade, protession, or Jannin	the state of the s
	rficular kind of work	***************************************
bus	General nature of Industry, iness, or establishment in	(Beretian)
	ich employed (or amployer)	Contain yrs mos ds
(S	IRTHPLACE tate or country)	(Secondary)
	10 NAME OF D	(Doration) :
	FATHER Bailm Morris	(Signed) Julium n. melis. M.D.
2	11 BIRTHPLACE	nu. 1514 (Address) Denta Ins.
ENTS	OF FATHER (State or country)	*State the DISPLAN CAUSING DEATH on In deaths 4
AR	12 MAIDEN NAME Con Aust Aust	TAL, SUICIDAL, or HOMICIDAL.
0	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place in the
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
	BO Will. A	If not at place of death?
4	(Informant) C. C. Walkard	Former or usual residence
	(Address) Centreville mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	0.11	Entow Centery Nov. 19, 1814
File	ad MW 17 1814 L Odernge mis	20 UNDERTAKER ADDRESS
	REGISTRAR *	Waller Kord Redgles med
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Crrbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

oma. Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Cancer" is icss definite; avoid use of "Tumor" for maligchildbirth or miscarriage. as "Pureperal septichacampie: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report "Contributory." The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for For vio-



V. S. No. 1.

# N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH 11320	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	unty Caronice	Registration Dist. No.
Vil	1age or City Federalshurg(No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	** COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1914, to 1914, that I last saw hely alive on 1907, 25, 1914
7 A	GE   If LESS than t day,hrs. OR min.?	and that death occurred on the date stated above, at
(a pa (b) bus whi	CCUPATION ) Trade, protession, or riticular kind of work. School leaches  General nature of industry, einess, or establishment in ich employed (or employer)  IRTHPLACE (State or country)	(Ouration) 2 yrs mos ds.  Contributory Secondary
ARENTS	10 NAME OF FATHER COUNTRY)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)
Д	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At piace in the ot death yrs mos ds
15	(Informant) (Address) Edenalshing Mid.  (Address) Following Mid.  (Address) Following Mid.  (Address) Registrant	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE ASSAURG THE ADDRESS  ADDRESS
	If more blanks are needed, address State Regis	trans 6 E. Franklin & Balto Requestion V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

amaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The statement. eated thus: Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (7)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningl(ls"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. childbirth or misearriage as "Puerperal septiehae-Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head For vio-0f



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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD stated EXACTLY. of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. N. B.—Every item of information should be CAUSE OF DEATH in piain terms, s Important.

### 11321 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[it death occurred la a hospital or institution, give its NAME instead

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ALLE BALL SINGLE,  MARRIEO, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH 700. 13" , 1914 (Year)
6 D	ATE OF BIRTH  (Month) (Day (Year)	that I last saw h in alive on 100.
7 A	GE   It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 3 / m. The CAUSE OF DEATH* was as follows:
(a pa (b)	CCUPATION ) Trade, protession, or articular kind of work ) General nature of industry, siness, or establishment in	Colina yrs mos /4 ds.
-	18THPLACE (State or country)  10 NAME OF FATHER SLO. Missles	Contributory Curation yrs mos 4 ds.  (Signed) Secondary M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds  Where was disease contracted,
	(Intermant) Set. Niesely Ridgely 12.7.8	It not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  There
16 Fi	led Int. 13 , 1914 Oly Per Court	The Chief Reper Ridge P. 70

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the applies to each and every person, irrespective of age. gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, Or HOMICIDAL, Or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "I'UERPERAL peritopitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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Item Every Item CAUSE OF Important.

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RECORD

PERMANENT EXACTLY.

STATE OF MARYLAND LACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No If death occurred in .Ward) a hospital or Institution, give its NAME instead of streef and nomber.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO. ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that desth occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.

12 MAIDEN NAME OF MOTHER -

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST

(Address) ..... 15

REGISTRAR

usual residence BURIAL OR REMOVAL DATE OF BURIAL ADDRESS

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

In the

State \_\_\_\_\_ yrs.\_

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

At place

Former or

OR RECENT RESIDENTS)

Where was disease contracted.

\_ mos. .

of death \_\_\_\_\_ yrs. \_\_

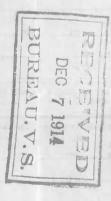
If nof at place of death?

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the genital," "Scnile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) For VIO-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

323 1 PLACE OF DEATH

### STATE OF MARYLAND

entan, my

County Carolina (	Registration Dist. No.
Village or City Hear Desseu (No. 2 FULL NAME Hazel M.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fleurale White the word)	18 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY GERTIFY. That I attended deceased from
8 DATE OF BIRTH  (Mooth) (Day	17 I HEREBY CERTIFY, That I attended deceased from  1914, to 2007. 1914.  (Year) that I last saw h 25 alive on 2007. 1914.
7 AGE 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LESS than and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Emsited (Duration) — yrs. / 1/2mos. ds.
10 NAME OF FATHER Melbin Pefific	Secondary  (Quration) yrs mos ds.  (Signed) (Address) Dellacory
(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  (State or country)	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot deathyrsmosds.
(Interment)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	Where was disease sentented

REGISTRAR

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; cated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Honscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglits"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Mcastes; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearrlage as "Puerperal septichacctc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Hacmorrhage," "Inanition," "Marasgcuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. The coutributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Mcasics "Scuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," For vio-



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Very state pinous PHYSICIANS show RECORD PERMANENT classified. properly UNFADING may 80 of back terms, pino plain Instructions = DEATH Jo Item OF mportant. Every It

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... It death occurred lo St.:....Ward) a hospital or Institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIEO, WILLSWEY
ORDIVORCEO
(Write the word) (Month) (Day (Year i HEREBY CERTIFY. That I attended deceased from (Month) (Dav (Year) 7 AGE If LESS than 1 day .....hrs. OR ..... mln. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs. Where was disease contracted. If not at place of death? usual residence. PLACE OF BURIAL OR REMOVAL er Harm 15 20 YIN REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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ACE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT UNFADING INK-THIS IS N. B.—Every item of information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be informant. See instructions on back of certificate. WRITE PLAINLY, WITH

PLACE OF DEATH

### STATE OF MARYLAND

County Carriere OF DEATH	1/
Village or City Industrial (No	ME Instead
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDDWID, ORDIVORCED (Worth the word)  16 DATE OF DEATH 1 3 3 11 (Month) (Day (Write the word))	, 1911. (Year)
(Month) (Day (Year) that I last saw h misalive on 2/2/2/2/	, 1914
7 AGE  If LESS fhan 1 day,hrs.  yrs. mos ds. OR min.?  The GAUSE OF DEATH* was as follows:	a-m
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Contributory Secondary	s. Zads.
10 NAME OF FATHER COUNTY (Signed) For 2 3, 191 4 (Address) Full Mary	sds
*State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether of Mother	
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 DIAMETER OF RESIDENTS)  Af place of death yrs mos ds. State yrs, m	
(Informant) Lauriana Diniti. If not at place of death?  Former or  usual residence.	
(Address) Dederals Tura, Mod., 19 PLACE OF BURIAL OR REMOVAL DATE OF BU 16 Filed MOV 24 1914 By Defferson 20 UNDERTAKER ADDRESS	11, 1911

If more blanks are needed, address State Registrar, B E. Franklin St., Malto., Requesting V. S. No. 1.

No. 1. V. S.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 7 1914
BUREAU. V.S.

V. S. No. 1.

### PLACE OF DEATH

Cas Aline



### STATE OF MARYLAND CERTIFICATE OF DEATH

County Carallell	CERTIFICATE OF DEATH
OX C	Registration Dist, No.
Village or City Decelaw Mass	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH 200. 2-3 ,1914 (Month) (Day (Year)
S DATE OF BIRTH  (Month) (Day (Year)	Thereby CERTIFY, That I attended deceased from Sid not Res from frest Protection for the Centre of t
7 AGE    If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Frade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Bughts Searce (Ouration) yrs mos ds.
9 BIRTHPLACE (State or country)  Mary Paul.	Contributory Secondary
OF TATHER Robert Stakes	(Signed Sturface Guration yrs mos ds.  (Signed Sturface Guration M. D.  Mr 14, 191 4(Address) Suloce
M 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary land.	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds
(Informant) Tarrisau Stakes	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) feidgsley R. F. D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sulow Colored Courtainey More 25, 191 4
Filed MV 24 1914 DO Sery MV PREGISTRAR	20 UNDERTAKER ADDRESS  1. Virgil Moon Seulaw Mig
If more blanks are needed, address State Regist	rar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneamonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Hanitlon," "Marasgcultal," "Scuile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. Excer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the ample: Meastes The coutributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendatious on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Nevcr report cause for



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RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A should AGE CAUSE OF

properly classified.

stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION is very carefully supplied.
o that it may be p of information should be c. DEATH in plain terms, so See instructions on back of Important.

11327 1 PLACE OF DEATH Caroline

### STATE OF MARYLAND CERTIFICATE OF DEATH

	Markette State	Registration Dist, No.
Vii	1288 or City Janes Corner (No	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED LUCIOU ORDIVERCED (Write the word)	16 DATE OF DEATH  NOV. 2, 1914  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 D	OC	2000, 29 1914, to ally 23 , 1914, that I last saw her ally on ally 23 , 1914
TA	GE   It LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at 8,40 g m, The GAUSE OF DEATH* was as follows:
(a) pai (b) bus	OCUPATION  Trade, profession, or ricular kind of work  General nature of industry, ilness, or establishment in in in the control of the contr	Colorellar insufficiency of the Suart (Ouration) 3 yrs mos. ds.
9 B	(State or country) Territy Vernil	Contributory Secondary  Leukyawa (Doration) yrs mos ds
S	10 NAME OF Across Beach	(Signed) Jane De Haderey, M. D. 240, 28, 1914 (Address) Prestable 2011,
ARENTS	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
<u> </u>	13 BIRTHPLACE OF MOTHER (State or country) Jenny Glorania	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death 6 yrs. mos. ds. State 6 yrs. mos. ds
	(Informant) Edward F. Heur	Where was disease contracted, unknown it not at place of death?  Former or usual residence.
15	ed 200 28 1914 John Duttaduar	Doucon Country 29 undertaker ADDRESS
Fil	ed hords, 1914 John Beneros	17 Family States

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. mere symptoms or terminal conditions, such as "Assepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-Aecidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehae-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report For VIO-



PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  Jernale  4 COLOR OR RACE  Widower,  Widower,  OR Diverges  (Write the word)  FAGE  SOCCUPATION  (a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	St; Ward)  St; Ward)  St; Ward)  St; Ward)  St; Ward)  MEDICAL GERTIFICATE OF DEATH  MEDICAL GERTIFICATE OF DEATH  (Month)  (Month)  (Day)  (N'oar)  MEREBY GERTIFY, That I attended deceased from that I last saw has alive on many and that death occurred on the date stated above, at many and the date occurred on the date stated above, at many and the date occurred on the date stated above, at many and the date occurred on the date stated above, at many and the date occurred on the date stated above, at many and the date occurred on the date stated above, at many and the date occurred on the date occurred occurred occurred occurred occurred occurred
SEX  GENTALE  4 COLOR OR RACE  WINDOWED, WIDOWED, WIDOWED	(Month) (Day) (Year)  (Month) (Day) (Year)  (Month) (Day) (Year)  (Year)  (Month) (Day) (Year)
Grandle White Widowed, Widowed, ORDIVORCED (Write the word)  BOATE OF BIRTH  CHOOMED (Write the word)  TAGE  If LESS than t day,hrs.  yrs. 3 mos. 6 ds. ORmin.?  BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Month) (Day) (Year)  1 HEREBY CERTIFY, That I attended deceased from 191 to 191 that I last saw h alive on 191 and that death occurred on the date stated above, at 2 m.  The CAUSE OF DEATH * was as follows:
**Soccupation**  (a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or eslablishment in which employed (or employer).	that I last saw h alive on my ,191 g and that death occurred on the date stated above, at my my The CAUSE OF DEATH* was as follows:
TAGE  yrs. 3 mos. 16 ds. or	and that death occurred on the date stated above, atm The CAUSE OF DEATH *-was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Cura Infinery
MO ALL LOGA	Contributory (Secondary)
10 NAME OF FATHER W.S. Trice	(Signed) (Ouration) yrs mos ds. (Signed)
OF FATHER (State or country) Mayland  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mayland	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
Informant)	Where was disease contracted, It not at place of death?  Former or usual residence
Filed Wave 11, 1914 DO Learge Man	Bloomery Cem. md. Date of Burial Bloomery Cem. md. Dor./, 1914  20 UNDERTAKER O ADDRESS BU Adams & Bus Federalsbur

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[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yes.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septicharctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia." "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronio cer" is icss definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of . ture of the American Medical Association.) dent; Revolver wound of head-homicide; Polsoned LENT DEATHS State MEANS OF INJUSY and qualify as Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (secondary or intercurrent) (name origin; "Can Examples:



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred is St.:...Ward) a hospital or jostitutico. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED. WIDOWED, Widowse ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at... 1 day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment In which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ (State or country) State ...... yrs. \_\_\_\_\_ ds Where was disease contracted. If not af place of death?.. Former or osual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write Nonc. cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the bisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disparse causing death—Name, first, the disparse causing death—Name, first, the disparse causing deficien with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaemns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection uecd not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Mcdical Association. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ctc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles "Scuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," etc. State "Exhanstion," cause for For vio-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred lo Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) (Dav (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at f day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ... BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. .... ds. State ..... yrs, \_\_\_\_ mos. \_\_\_ Where was disease contracted. 14 THE ABOVE IS If not at place of death?.. Former or usual residence DATE OF BURIAL 16 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerpenal peritonitis," etc. State cause for valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) Never report OI



STATE OF MARYLAND CERTIFICATE OF DEATH				
County Western	Registration Dist. No. 63			
Village or City thoplants (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 GOLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from			
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw has calive on Mary 1914,			
7 AGE  If LESS than 1 day,hrs. 2 yrs. 6 mos. 5 ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	January and Concession			
which employed (or employer)  BIRTHPLACE (State or country)  Mary lace	Contributory (Secondary) (Diration) / yrs			
10 NAME OF FATHER DESCRIPTION OF THE PROPERTY	(Signed). Selvebb , M. D.  May 21, 1914 (Address) Preston . Wind			
Z OF FATHER (State or country) Mary Laux	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.			
13 BIRTHPLACE OF MOTHER (State or country) Morey Succession	At place of deathyrs mos ds. Where was disease contracted.			
(Informant) (OUL) (Informant)	If not at place of death?  Former or usual residence			
(Address) Maplant July  15 Filed Mov. 2 3 , 1914 Chas B. Resusson  Local REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  10 PLACE OF BURIAL  20 UNDERTAKER  ADDRESS			
If more blanks are needed, address State Begistrar, C. E. Franklin St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages; as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpresal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (secondary or intercurrent) "Dropsy," (name origin; "Can-"Exhaustion,"

